

Initial Application Date:	Application #
2 85	CU#
	RNETT RESIDENTIAL LAND USE APPLICATION C 27546 Phone: (910) 893-7525 ext:1 Fax: (910) 893-2793 www.harnett.org/permits
A RECORDED SURVEY MAP, RECORDED DEED (OR OFF	ER TO PURCHASE) & SITE PLAN ARE REQUIRED WHEN SUBMITTING A LAND USE APPLICATION
LANDOWNER: Weaver Homes, Inc	Mailing Address: 350 Wagoner Dr_ C8304 Contact No: 919-410-5473 Email: samantha@weaver-homes.com
City: State: NC Zip: 2	
APPLICANT*: Weaver Homes, Inc- Samantha B Grossman Ma	ailing Address: 350 Wagoner Drive
City: Fayetteville State: NC Zin: 2	28303 Contact No: 919-410-5473 Email: samantha@weaver-homes.com
*Please fill out applicant information if different than landowner	
ADDRESS: 58 WestPark	PIN: 9577 - 93 - 9387
Zoning: <u>PA 30</u> Flood: <u>Min</u> Watershed: <u>W/</u> Setbacks – Front: <u>43 6</u> Back 3 9 Side: <u>YY · 1</u>	A Deed Book / Page: 3797 / 214
	Corner: 10 3
PROPOSED USF:	Monolithic Basement(w/wo bath): Garage: Deck Crawl Space: Slab: Slab: X
TOTAL HID SQLEET 745 GARAGE SQLEET CIS (IS the BOI	nus room finished? () yes () no w/ a closet? () yes () no (if yes add in with # bedrooms
	Basement (w/wo bath) Garage: Site Built Deck: On Frame Off Frame
TOTAL HTD SQ FT (Is the second f	floor finished? () yes () no Any other site built additions? () yes () no
□ Manufactured Home:SWDWTW (Size	x) # Bedrooms: Garage:(site built?) Deck:(site built?)
□ Duplex: (Sizex) No. Buildings:	No. Bedrooms Per Unit:TOTAL HTD SQ FT
☐ Home Occupation: # Rooms: Use:	Hours of Operation:#Employees:
	Closets in addition? () yes () no
TOTAL HTD SQ FT GARAGE	
Water Supply: X County Existing Well Ne	ew Well (# of dwellings using well) *Must have operable water before final
Sewage Supply: X New Septic Tank Expansion	eed to Complete New Well Application at the same time as New Tank) Relocation Existing Septic Tank County Sewer
(Complete Environmental Health Checklist on a	
Does the property contain any easements whether undergroun	
Structures (existing or proposed): Single family dwellings: Pro	
If permits are granted I agree to conform to all ordinances and I hereby state that foregoing statements are accurate and corre	laws of the State of North Carolina regulating such work and the specifications of plans submitted ect to the best of my knowledge. Permit subject to revocation if false information is provided.
Samantha B. Gros	1sman 7/7/1/
Signature of Owner or	er's Agent Date county with any applicable information about the subject property, including but not limited

to: boundary information, house location, underground or overhead easements, etc. The county or its employees are not responsible for any incorrect or missing information that is contained within these applications.***

*This application expires 6 months from the initial date if permits have not been issued**

APPLICATION CONTINUES ON BACK

strong roots · new growth



*This application expires 6 months from the initial date if permits have not been issued**

This application to be filled out when applying for a septic system inspection.

County Health Department Application for Improvement Permit and/or Authorization to Construct IF THE INFORMATION IN THIS APPLICATION IS FALSIFIED, CHANGED, OR THE SITE IS ALTERED, THEN THE IMPROVEMENT PERMIT OR AUTHORIZATION TO CONSTRUCT SHALL BECOME INVALID. The permit is valid for either 60 months or without expiration depending upon documentation submitted. (Complete site plan = 60 months; Complete plat = without expiration)

Environmental Health New Septic System

- All property irons must be made visible. Place "pink property flags" on each corner iron of lot. All property lines must be clearly flagged approximately every 50 feet between corners.
- Place "orange house corner flags" at each corner of the proposed structure. Also flag driveways, garages, decks, out buildings, swimming pools, etc. Place flags per site plan developed at/for Central Permitting.
- Place orange Environmental Health card in location that is easily viewed from road to assist in locating property.
- If property is thickly wooded, Environmental Health requires that you clean out the undergrowth to allow the soil evaluation to be performed. Inspectors should be able to walk freely around site. Do not grade property.
- All lots to be addressed within 10 business days after confirmation, \$25.00 return trip fee may be incurred for failure to uncover outlet lid, mark house corners and property lines, etc. once lot confirmed ready.

Environmental Health Existing Tank Inspections

- Follow above instructions for placing flags and card on property.
- Prepare for inspection by removing soil over outlet end of tank as diagram indicates, and lift lid straight up (if possible) and then put lid back in place. (Unless inspection is for a septic tank in a mobile home park)
- DO NOT LEAVE LIDS OFF OF SEPTIC TANK

SMORE INCORMATION MAY BE REQUIRED TO COMPLETE ANY INSPECTION?

		EMORE INTORNATION WAT DE REGULADO TO COMILIDETE ATTEMOSPORTO
SEPTIC If applying i	for authorizatio	on to construct please indicate desired system type(s): can be ranked in order of preference, must choose one.
{}} Acce		[] Innovative [] Conventional [x] Any
\	native	{}} Other
The applicat question. If	nt shall notify the answer is	the local health department upon submittal of this application if any of the following apply to the property in "yes"; applicant MUST ATTACH SUPPORTING DOCUMENTATION:
{}}YES	{ <u>X</u> } №	Does the site contain any Jurisdictional Wetlands?
{}}YES	{ <u>x</u> } NO	Do you plan to have an <u>irrigation system</u> now or in the future?
{_}}YES	<u>{ X }</u> NO	Does or will the building contain any drains? Please explain.
{}}YES	{ X_} NO	Are there any existing wells, springs, waterlines or Wastewater Systems on this property?
{}YES	{ <u>x</u> } NO	Is any wastewater going to be generated on the site other than domestic sewage?
{_}}YES	{ <u>x</u> } NO	Is the site subject to approval by any other Public Agency?
YES	{ NO	Are there any Easements or Right of Ways on this property?
YES	{x} NO	Does the site contain any existing water, cable, phone or underground electric lines?
		If yes please call No Cuts at 800-632-4949 to locate the lines. This is a free service.
T TO WED AND	milia Amelias	ion and Certify That The Information Provided Herein Is True, Complete And Correct. Authorized County And State

I Have Read This Application and Certify That The Information Provided Herein Is True, Complete and Correct. Authorized County And Officials Are Granted Right Of Entry To Conduct Necessary Inspections To Determine Compliance With Applicable Laws And Rules. I Understand That I Am Solely Responsible For The Proper Identification And Labeling Of All Property Lines And Corners And Making The Site Accessible So That A Complete Site Evaluation Can Be Performed.